

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

4510

State File No. 214-11

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **214-11**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield (Rural)	
c. LENGTH OF STAY (In this place) 15 m.n.		d. STREET ADDRESS (If rural, give location) Route # 2, Box 640	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) DENNIS		b. (Middle) LESLIE	
		c. (Last) BARNES	
5. SEX Male		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH August 5, 1935	
9. AGE (In years last birthday) 13		10. MONTH 6 DAY 29 YEAR 1949	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY In School	
11. BIRTHPLACE (State or foreign country) Warsaw, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Walter Barnes		13b. MOTHER'S MAIDEN NAME Myrtle Denman	
14. NAME OF HUSBAND OR WIFE Never Married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Walter Barnes		ADDRESS Springfield Pfd 2	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull fracture ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Fracture left humerus Conditions contributing to the death but not related to the disease or condition causing death. Lacerations outside of face	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	
21c. CITY, TOWN, OR TOWNSHIP Springfield		(COUNTY) Greene (STATE) Mo	
21d. TIME OF INJURY Mar. 4 1949 8:15 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR Struck by Truck while riding bicycle			
22. I hereby certify that I attended the deceased from 3-4-1949 , to 3-4-1949 , that I last saw the deceased alive on 3-4-1949 , and that death occurred at 5:05 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE M. L. Gorman (Degree or title) Dr. M.D.		23b. ADDRESS Med Arts Bldg, Spfld Mo	
23c. DATE SIGNED 3-4-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-8-49	
24c. NAME OF CEMETERY OR CREMATORY Panther Valley Cemetery		24d. LOCATION (City, town, or county) Springfield Mo. (State) Mo.	
DATE REC'D BY LOCAL REG. 3/7/49		REGISTRAR'S SIGNATURE W. J. Handley	
25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Scharpf		ADDRESS Fun'l Home Spfld, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 14 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed

L. Doolin Gorman

Licensed Embalmer No.

3177

P. O. Address

Dunstable

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.